

091647457

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE           |
|----------------------------------|----------|--------|----------------|
| <b>FEE DETERMINATION</b>         |          |        |                |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |                |
| <b>FORMALITY REVIEW</b>          | <i>6</i> |        | <i>10-4-00</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |                |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 3/22/00 |
| 2        | 3/22/00 |
| 3        | 3/22/00 |
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| Claim    | Date |
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| Claim    | Date |
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| APPLICANTS |                          |
| TITLE      |                          |
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| has        | <input type="checkbox"/> |
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| T          | <input type="checkbox"/> |
| P          | <input type="checkbox"/> |
| po         | <input type="checkbox"/> |
| For        | <input type="checkbox"/> |
| (Re)       | <input type="checkbox"/> |

If more than 150 claims or 10 actions  
staple additional sheet here